

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	Small Businesses (2-50 Employees)	Individuals Recently Covered by an Employer Health Plan	Individuals & Families	Individuals with Pre-Existing, Severe, or Chronic Medical Conditions	Low-Income Families & Medically-Needy	Children	Infants & Children with Developmental Delays	Women	Seniors & Disabled	Trade Dislocated Workers (TAA Recipients)
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Georgia Association of Health Underwriters 770-516-4746 www.gahu.org</p>	<p>COBRA/Mini-COBRA Then convert to a plan under:</p> <p>HIPAA Health Insurance Portability & Accountability Act 866-4-USA-DOL www.dol.gov</p> <p>HIPP Health Insurance Premium Payment 678-564-1162 ext 131 dch.georgia.gov Search for "HIPP"</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Georgia Association of Health Underwriters 770-516-4746 www.gahu.org</p>	<p>Pre-Existing Condition Insurance Plan (PCIP) Run by the U.S. Department of Health and Human Services 866-717-5826 www.PCIP.gov</p>	<p>Medicaid 866-211-0950 dch.georgia.gov</p>	<p>PeachCare for Kids 877-GA-PEACH 877-427-3224 www.peachcare.org</p> <p>Women-Infants-Children (WIC) 404-657-2900 800-228-9173 www.health.state.ga.us/programs/wic/index.asp</p> <p>Children 1st 404-656-6679 health.state.ga.us/programs/childrenfirst/</p>	<p>Babies Can't Wait 404-657-2726 888-651-8224 health.state.ga.us/programs/bcw/</p>	<p>Georgia Cancer Screening Program 404-657-6611 www.georgiacancer.org</p> <p>Babies Born Healthy 404-657-3147 www.health.state.ga.us/programs/perinatal/</p> <p>NOTE: Babies Born Healthy has stopped enrollment effective June 7, 2010. Please refer to Children 1st program in the "Children" column.</p>	<p>Medicare 800-MEDICARE 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Georgia Cares 800-669-8387 (Assistance for seniors)</p>	<p>Health Coverage Tax Credit 866-628-HCTC 866-628-4282 www.irs.gov (keyword: HCTC)</p>
Coverage	<p>There is a 6-month look-back/12-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage or had a lapse of more than 90 days in their prior coverage.</p> <p>Benefits will vary depending on the chosen plan.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>COBRA: Coverage available for 18–36 months depending on qualifying events. If beneficiary is age 60 or older when group plan is terminated, then COBRA lasts until beneficiary is Medicare-eligible. Benefits are what you had with your previous employer.</p> <p>Mini-COBRA: Benefits are what you had with your previous employer. Mini-COBRA lasts 3 months.</p> <p>COBRA Subsidy: 15 months of partially-subsidized coverage.</p> <p>HIPAA: Benefits are based on program selected. There is no expiration of coverage.</p> <p>HIPP: Benefits are the same as what you had with your previous employer. HIPP is a premium assistance program.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Elimination riders are permitted.</p> <p>There is no limit to the look-back period and there is a maximum exclusion period of 24 for pre-existing conditions on enrollees with no prior coverage.</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Ambulance; ambulatory surgical, nurse anesthetists; diagnostic, screening and preventive services; dental; dialysis, durable medical equipment, family planning; early and periodic screening, diagnosis and treatment (EPSDT); health insurance premium purchase program; home health, hospice, inpatient and outpatient hospital, care for the developmentally-challenged; laboratory and radiology; Medicare crossovers; mental health; non-emergency transportation; maternity, nurses and nursing facility; oral surgery; orthotic and prosthetic; pharmacy, physician, podiatric services; pre-admission screening/annual resident review, rural health clinic/community health center; vision care.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>PeachCare for Kids: Doctor visits, check-ups, immunizations, preventive care specialist care, dental care, vision care, hospitalization, emergency room services, prescriptions, and mental health care.</p> <p>WIC: Nutrition assessment, health screening, medical history, body measurement (weight and height), hemoglobin check, nutrition education, breast-feeding support and education, and vouchers for food supplements.</p> <p>Children 1st: Entry point to Georgia's public health programs. Children 1st screens children for poor health, refers them to appropriate programs, (such as Babies Can't Wait or Medicaid) and monitors children with risky health conditions to ensure their proper development.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Evaluation and assessments to determine eligibility and scope of services needed.</p> <p>Service coordination that assists the family and other professionals in developing a plan to enhance the child's development.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Georgia Cancer Screening Program: Offers clinical breast examinations, mammograms, and pelvic examinations and Pap tests. If screened and diagnosed for breast or cervical cancer, may be eligible for complete health coverage through Medicaid.</p> <p>Babies Born Healthy: Comprehensive, quality, prenatal services as early as possible in their pregnancy.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicare offers Part A, inpatient care in hospitals and rehabilitative centers; Part B, doctor and some preventive services and outpatient care; Part C allows Medicare benefits through private insurance (Medicare Advantage); Part D includes Parts A, B, and C not covered by Medicare. Part D covers prescription drugs.</p> <p>Georgia Cares is a Medicare counseling service.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Inpatient and outpatient care (lab tests, x-rays, etc.), doctor visits, preventive and major medical care (surgery, physical therapy, durable medical equipment, etc.), mental health and substance abuse care, and prescription drugs.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE</p> <p>Company size 2–50 employees.</p> <p>Owner can count as an employee.</p> <p>Proprietor name on license must draw wages.</p> <p>Eligible employees must work at least 30 hours a week.</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: Available for employees who work for employers with 20 or more employees. Have 60 days from date of termination to sign up for COBRA coverage.</p> <p>Mini-COBRA: Available for employees who work for employers with less than 20 employees. Must be eligible for Medicare, have been insured by group plan 6 months prior to date of termination. Qualified individuals must sign up for Mini-COBRA in 63 days after date of receiving notice of right to continue coverage.</p> <p>COBRA Subsidy: If you were involuntarily terminated between Sept. 1, 2008 and May 31, 2010, you are eligible for a subsidy provided by the Federal Government.</p> <p>HIPAA: Must have had 18 months of continuous coverage and completely exhausted COBRA or state continuation coverage. Must not have lost coverage due to fraud or non-payment of premiums. You have 63 days to enroll in a HIPAA-eligible plan.</p> <p>HIPP: Must be Medicaid members and have health insurance through employer.</p>	<p>Eligibility is based on medical underwriting.</p> <p>Must be resident of state or documented immigrant.</p>	<p>GUARANTEED COVERAGE</p> <p>Must have been uninsured for at least 6 months prior to applying. Must prove being a U.S. citizen or legal U.S. resident, a Georgia resident, and having problems getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be U.S. citizen or lawful alien living in Georgia.</p> <p>Income limits for the following: Pregnant women: 200% FPL. Children ages 0-1: 185% FPL. Children ages 1-5: 133% FPL. Children ages 6-19: 100% FPL. Non-working parents: 32% of FPL. Working parents: 58% of FPL. Medically-needy: Singles earning 35% FPL with resource limit of \$2,000; couples earning 30% FPL with resource limit of \$4,000. Add \$100 for additional member.</p> <p>Aged, blind, or disabled receiving SSI: Singles earning 74% FPL with asset limit of \$2,000; couples earning 84% FPL with asset limit of \$3,000.</p>	<p>GUARANTEED COVERAGE</p> <p>PeachCare for Kids: Must be low-income children up to age 19, with family incomes up to 235% FPL, and must be uninsured, ineligible for Medicaid, and be U.S. citizens, certain qualified legal residents, refugees or asylees who reside in Georgia.</p> <p>WIC: Must be pregnant or postpartum women and children up to the age of 5 years with family incomes at or below 185% FPL. Must be a Georgia resident and be at nutritional or medical risk, as determined by a health professional.</p> <p>Children 1st: Must be Georgia children ages 0 to 5, who are identified to be at risk for poor health and development. There are no financial requirements.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be children 0–3 years old, of any income, who meet one of the following: 1) Have a diagnosed physical or mental condition which is known to result in a developmental delay, such as blindness, Down syndrome, or Spina Bifida; or 2) Have a diagnosed developmental delay confirmed by a qualified team of professionals.</p>	<p>GUARANTEED COVERAGE</p> <p>Georgia Cancer Screening Program: Must be a female U.S. citizen or legal immigrant living in Georgia, earning up to 200% FPL, uninsured or underinsured, ineligible for Medicaid or Medicare, and had last mammogram and/or Pap test or symptoms of breast or cervical cancer at least a year ago. Women age 40 and older may be eligible for clinical breast and pelvic examinations, Pap tests, mammograms, and diagnostic evaluations, if needed. Women ages 35–39 who have suspicious symptoms of breast cancer may be eligible for diagnostic evaluation. Women ages 39 and younger who have abnormal Pap test results may be eligible for diagnostic evaluation services, and for clinical breast and pelvic examinations, and Pap tests.</p> <p>Babies Born Healthy: Must be pregnant women and newborns with incomes at or below 250% FPL. Must not be eligible for Medicaid.</p>	<p>GUARANTEED COVERAGE</p> <p>Both: Must be U.S. citizen or permanent U.S. resident, and: 1) If 65 years or older, you or your spouse worked for at least 10 years in Medicare-covered employment, or 2) You have a disability or end-stage renal disease (permanent kidney failure requiring dialysis or transplant) at any age.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be receiving TAA (Trade Adjustment Assistance), or Must be 55 years or older and receiving pension from the Pension Benefit Guaranty Corporation (PBGC). Must not be enrolled in certain state plans, or in prison, or receiving 65% COBRA premium reduction, or be claimed as a dependent in tax returns. Must be enrolled in qualified health plans where you pay more than 50% of the premiums.</p>
Monthly Cost	<p>Costs depend on employer contribution and ± 25% of the insurance company's index rate. Annual rate increases are limited to 15%.</p>	<p>COBRA/ Mini-COBRA: Premiums range from 102%–150% of group health rates.</p> <p>COBRA Subsidy: Covers 65% of premiums.</p> <p>HIPAA: Premiums will depend on plan chosen.</p> <p>HIPP: \$0 or minimal share of cost.</p>	<p>Various price ranges depending on deductible and what plan you buy. There are no rate caps.</p>	<p>Monthly premiums range from \$147 to \$633 depending on your age and plan chosen.</p>	<p>\$0–\$3 per office visit. \$12.50 for non-emergency admission in hospital other than in mental institution.</p>	<p>PeachCare for Kids: \$0 for children under age 6, \$10–\$35 for one child, max of \$70 for two or more children. WIC & Children 1st: \$0 or minimal share of cost.</p>	<p>\$0 or fees based on a sliding fee scale for families unable to pay.</p>	<p>Both: \$0 or minimal share of cost.</p>	<p>Both: \$0 and share of cost for certain services; deductibles for certain plans. Part A: \$0–\$461 based on length of Medicare-covered employment; Part B: \$96.40–\$353.60 depending on annual income; Part C: Based on provider; Part D: Varies in cost and drugs covered.</p>	<p>20% of the insurance premium including COBRA premium if employer contributes less than 50%.</p>

Other Programs & Resources

VA Medical Benefits Package
877-222-8387
www.va.gov

Partnership for Prescriptions Assistance
888-4PPA-NOW
888-477-2669
www.pparx.org

Immunization Program
404-657-3158

Tobacco Use Prevention
404-657-6611

Emergency Food Assistance
404-463-2607
404-463-8042
404-657-3742

NOTE: Government programs look at each family's circumstance to determine eligibility.

Income and assets tests may be required to determine eligibility for publicly sponsored programs.

FPL means Federal Poverty Level. See explanation on reverse side of this matrix.

Guaranteed Coverage means you cannot be turned down due to your health conditions.

Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.



Using this Health Care Options Matrix

Each state has a variety of health care coverage options. This Matrix is designed to help residents determine which option is best for them.

STEP 1 For applicants potentially eligible for public programs, check the chart below to determine his/her FPL percentage.

STEP 2 See reverse side of this Matrix brochure to determine options for which the applicant might qualify.

STEP 3 Make a list of the programs and insurance coverage options that may apply to the applicant and then use the contact information provided to access coverage or services.

Your Federal Poverty Level (FPL) (Based on monthly family income)

Family Size (Household)	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$227	\$454	\$681	\$735	\$908	\$1,207	\$1,588	\$1,815	\$2,269	\$2,723
2	\$306	\$613	\$919	\$993	\$1,226	\$1,630	\$2,145	\$2,452	\$3,065	\$3,678
3	\$386	\$772	\$1,158	\$1,251	\$1,544	\$2,054	\$2,702	\$3,088	\$3,860	\$4,633
4	\$466	\$931	\$1,397	\$1,509	\$1,863	\$2,477	\$3,259	\$3,725	\$4,656	\$5,588
5	\$545	\$1,090	\$1,636	\$1,766	\$2,181	\$2,901	\$3,816	\$4,362	\$5,452	\$6,543
6	\$625	\$1,250	\$1,874	\$2,024	\$2,499	\$3,324	\$4,374	\$4,998	\$6,248	\$7,498
7	\$704	\$1,409	\$2,113	\$2,282	\$2,818	\$3,747	\$4,931	\$5,635	\$7,044	\$8,453
8	\$784	\$1,568	\$2,352	\$2,540	\$3,136	\$4,171	\$5,488	\$6,272	\$7,840	\$9,048

- A pregnant woman counts as two for the purpose of this chart.
- Add \$318/month for each additional family member after eight.
- Contact individual programs for deduction allowances on child/dependent care; working parent's work expenses; alimony/child support *received* or court ordered amount *paid*.

Source: Federal Register Vol. 76, No. 13, January 20, 2011, pp. 3637–3638. Valid through 2011 unless updated. Monthly percentage data calculated by FHCE and rounded to the nearest dollar.

Note: There is no universal administrative definition of income that is valid for all programs that use the poverty guidelines. The office or organization that administers a particular program or activity is responsible for making decisions about the definition of income used by that program (to the extent that the definition is not already contained in legislation or regulation). To find out the specific definition of income used by a particular program or activity, you must consult the office or organization that administers that program.

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Other sources of information

Financial aid and free or low-cost benefits

Government Benefits Finder
800-FED-INFO
www.benefits.gov

(Search tool for grants, loans and other benefits)

Catalog of Federal Domestic Assistance
www.cfda.gov

(Search tool for grants, loans and other benefits)

Finding local health care options

Health Resources and Services Administration
888-ASK-HRSA
888-275-4772
www.findahealthcenter.hrsa.gov

Self Help Clearing House
www.mentalhelp.net/selfhelp

(Search tool for people sharing information on hundreds of health conditions and other health related situations)

Georgia Department of Community Health
404-656-4507
dch.georgia.gov

Department of Health and Human Services
www.hhs.gov

(Various health care search tools)

Department of Family and Children Services
404-651-9361
dfcs.dhr.georgia.gov

(State program information)

Laws and regulations

Georgia Insurance Commission
800-656-2298
www.inscomm.state.ga.us

(General information on all types of insurance)

Employee Benefits Security Administration
www.dol.gov/ebsa

(Official information and rules from the U.S. Department of Labor)

Pre-Existing Condition Insurance Plan (PCIP)

866-717-5826
www.PCIP.gov

(English and Spanish general information on plans for pre-existing conditions)

Help with this Matrix or finding a broker or agent

Georgia Association of Health Underwriters
770-516-4746
www.gahu.org

(State organization of insurance brokers)



GEORGIA

Health Care Options Matrix™



This Matrix offers information about free and low-cost health care coverage for individuals, families, and small businesses.



Helping people navigate their health care options

The Blue Cross Blue Shield of Georgia Foundation and the Foundation for Health Coverage Education® have generously funded this publication to ensure that the uninsured have access to affordable quality health care coverage. Every effort has been made to include the most accurate information available at the time of printing. Program and plan availability, eligibility requirements, costs, and coverage are subject to change. You are encouraged to call or visit the websites listed for each program to ensure that you have the most up-to-date information available.

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